

If you have Medicare, Louisiana Medicaid may help pay part of your medical costs, including your Medicare premiums or other out-of-pocket expenses.

How do I qualify for this help?

- ① You must have Medicare Hospital Insurance (Part A). If you are not sure if you have it, look on your Medicare card or call Social Security toll-free at 1+800+772-1213.

AND

- ② Your income must be below the amounts shown in this chart.

If your gross monthly income* is less than:	You could qualify for this program:	This program will pay:
\$749 Individual OR \$1010 Couple	Qualified Medicare Beneficiary (QMB)	your Medicare premiums, deductibles, and coinsurance
\$898 Individual OR \$1212 Couple	Specified Low-income Medicare Beneficiary (SLMB)	your Medicare Part B premiums
\$1011 Individual OR \$1364 Couple	Qualified Individual (QI-1)**	your Medicare Part B premiums

*These amounts will go up in April, 2004.

**Through 9/30/03 only. Program continuation is subject to federal approval.

AND

- ③ Your resources (the things you own) must be less than \$4,000 for an individual or \$6,000 for a couple.

Resources are things like:

- ❖ cars, trucks, boats, and other vehicles;
- ❖ all property, including houses and heir or estate property;
- ❖ all types of bank accounts, stocks, bonds, or other cash holdings;
- ❖ life or burial insurance; and
- ❖ anything else of value.

Some things (like the home you live in, one car, burial plots, furniture, and some life insurance) are not counted.

It's Easy To Apply

- ① Fill out the attached form.
- ② Collect the information we need.
- ③ Get the form and information back to us as soon as possible.

What information will you need to give us?

For ANYONE who needs help with Medicare costs, we will need:



- ❖ Social Security number for anyone who is applying
- ❖ Alien registration card or immigration papers for anyone who is applying
- ❖ Proof of your total family income for the last month
- ❖ Medicare and any other health insurance card(s)

Send COPIES of as many of the needed items as you can when you send in your application.

DO NOT wait to send in this form. We can give you more time to give us the needed items after we get your application.



HELP US share this information - tell someone you know about this program or if you don't use this form, pass it on to someone who can.



← (TEAR-OFF THE APPLICATION HERE BEFORE MAILING.
KEEP THIS PAGE FOR YOURSELF.)

What do I do next?

After you have filled out the form, tear it off and mail or bring it to your local Medicaid office or Application Center.

What will happen to my application?

We will make a decision within 45 days (with some exceptions) after we get your application.

Where can I call for help?

If you need help to complete this form, please call your local Medicaid office. You may also call us toll-free at 1+888+544-7996 if you have any questions or need more information about this or any other Medicaid program. If you are deaf or have hearing problems, you may call the TTY number toll-free at 1+800+220-5404.

What if I need regular Medicaid coverage?

Information given on this form will ONLY be enough for us to decide if you qualify for help with your Medicare costs. If you want to apply for other Medicaid coverage, complete question 12 on the application form.

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What are my rights?

If you think the decision we make is unfair, incorrect or is being made too late, you may ask for a Fair Hearing by:

- ❖ calling or writing to your local Medicaid office AND/OR
- ❖ writing directly to
LA DHH Bureau of Appeals
P. O. Box 4183
Baton Rouge, LA 70821-4183

Louisiana's Medicaid Program is an equal opportunity program. We can't treat you differently because of your race, color, sex, age, disability, religion, nationality or political belief. If you think we have:

- ❖ call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1+800+368-1019,
- ❖ call or write to your local Medicaid office AND/OR
- ❖ write directly to
LA Department of Health & Hospitals
P. O. Box 1349
Baton Rouge, LA 70821-1349

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BHSF Form 1-MB Cover
Rev. 04/03



Application for Louisiana Medicaid's Medicare Savings Program



Get Help with Medicare Premiums & Co-payments

1+888+544-7996